

## ePanel – Quality Improvement (QI) and Data Readiness

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**As family physicians, we strive to deliver the highest quality of care to our patients while also enhancing access to care, increasing efficiencies, and improving the experience for patients and care providers. Quality improvement (QI) provides a set of values and methods that can contribute to this. Evidence based on data derived from the realities of everyday practice contributes to practice improvements.**

**The College of Family Physicians of Canada (CFPC) is promoting and advancing QI and using data at the frontlines of family medicine. It is collaborating with key partners such as Chapters, departments of family medicine, provincial governments, national bodies, and entities in other countries. We will adopt and adapt materials and tools that already exist, and develop new ones where these are needed.**

**We appreciate your input on an emerging strategy to advance QI and the use of data in everyday practice.**

### **1. The CFPC is basing its QI and related evidence strategy on several premises. Which ones do you agree with?**

(Check all that apply)

- Although there are differences between QI and research, the two share some common ground
- QI requires interprofessional collaboration
- Family physicians, if provided with tools and practical support, would engage in QI activities with their teams.
- Most physicians have data available to them in their electronic records
- Practices benefit from participating in networks of practices that share depersonalized data and QI experiences
- Other (please specify): \_\_\_\_\_

## 2. How could the CFPC (in collaboration with partners) best help you undertake QI activities?

(Check all that apply)

- Promote the importance of QI in everyday practice
- Provide a manual and guide with practical information about QI, including QI methods, strengths, and pitfalls
- Provide short QI instructional videos (5 to 15 minutes long)
- Provide a general QI toolkit
- Provide QI toolkits for specific topics (e.g., wait times, screening)
- Create a website with key QI resources tailored to family medicine
- Provide Mainpro+® certified workshops (half to full day) about QI in everyday practice
- Create an online repository of QI examples, successes, and challenges experienced by practices
- Offer practice facilitators that provide practices with support to undertake QI (onsite and/or virtually)
- Collaborate with provincial and territorial health ministries about family medicine QI activities
- Other (please specify): \_\_\_\_\_

## 3. How could the CFPC best support you in using data available in your electronic records?

(Check all that apply)

- Promote using practice-level data that is available to clinicians
- Provide a manual or guide with practical information on using data from my electronic records
- Create toolkits to help practices use available data
- Provide a Mainpro+ certified workshop (half to full day) on using practice-level data
- Offer practice facilitators that support practices in identifying strengths and gaps in their data and help practices “clean up” their data
- Other (please specify): \_\_\_\_\_

**4. To what degree are you aware of and participate in the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) and Practice-Based Research Networks (PBRN) or other similar networks (e.g., Pragmatic Trials Group in Alberta, Reseau1 in Quebec)?**

	Never heard of it	Heard of it, but don't know details	Know quite a lot about it	Participate in it
PBRN or other research network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPCSSN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. Which of the following research-related activities would you participate in?**

(Check all that apply)

- Conduct critical appraisal of literature and clinical guidelines
- Develop practice-relevant clinical practice guidelines
- Use the data available in my electronic records to guide QI in practice(s)
- Contribute depersonalized data from my electronic records to larger research networks (e.g., CPCSSN and PBRNs)
- Participate in studies that use large data from electronic records
- Recruit patients for studies that are led by researchers
- Lead research teams and studies
- Other (please specify): \_\_\_\_\_
- None of the above

**6. As a result of increasing recognition that patients can provide more input to identify areas for practice improvement, the CFPC is exploring offering an automated patient feedback service to our members. A software platform, via an automated phone call or email, would ask patients for feedback following a visit to or by the practice about their experience. Our goal is to leverage the CFPC membership base to obtain a favourable rate from a potential vendor. Would you use such a program or service?**

(Check the option that best applies)

- I would definitely use such a service

- I might use such a service
- I would first wait for others to explore it before deciding
- I would not use it (please specify reason): \_\_\_\_\_

**7. Which of the following names would you choose for a CFPC program that promotes QI and the use of data?**

- Practice Improvement Program (PIP)
- QI and Data Active Practices Program
- Evidence and Quality In Practice Program (EQUIP)
- Other (please provide suggestion): \_\_\_\_\_

**8. Any further comments or questions?**

